FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION					
		(See instructions)					Office use only	
1. NAI	ME OF MMITTEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4M	5
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ADDRE	SS (number an	d street)	516 S	T PHILIP ST	REET 			
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is	is changed)		NEW	ORLEANS			L <mark>A</mark>]	70116
					CITY	•	STATE	ZIP CODE 🛦
COMMI	TTEE'S E-M	AIL ADDR		provide only one		ress)		
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3. FEC IDENTIFICATION NUMBER C C00485854								
4. IS 1	THIS STATE	MENT	NEW	(N) OF	X	AMENDED (A)		
I certify th	hat I have exa	nined this	Statement and	to the best of my	knowledge ar	nd belief it is true, correct a	and complete	
Type or	Print Name o	f Treasure	er S	tuart H Smitl	า			
Signatur	re of Treasur	er El <u>ec</u>	tronically Filed	by Stuart I	H Smith		Date 0	8 27 2010
NOTE: S	Submission of	alse, erron				the person signing this Sta		nalties of 2 U.S.C. §437g.
	Office Use Only					For further information Federal Election Commi- Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)